

P08000009826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

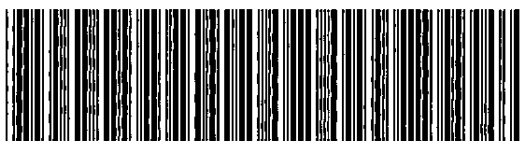
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800115532398

01/25/08--01017--020 \*\*78.75

FILED

2008 JAN 25 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JAN 28 2008

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: MIAMI LAWNMOWERS, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: MIAMI LAWNMOWERS, INC.

Name (Printed or typed)

14332 S.W. 142nd. Avenue

Address

Miami, Fl 33186

City, State & Zip

786-970-4182

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

MIAMI LAWNMOWERS, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

14332 S.W. 142nd. Avenue

Miami, FI 33186

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ENGAGE IN ANY ACTIIVY OR BUSINESS PERMITTED UNDER THE LAWS OF  
THE UNITED STATES AND THE STATE OF FLORIDA.

## ARTICLE IV SHARES

The number of shares of stock is:

FIVE THOUSAND (5000) SHARES OF STOCK WHICH SHALL BE COMMON STOCK OF A PAR VALUE OF ONE DOLLAR (\$1.00).

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MAYRA ORTIZ, PRESIDENT

MIGUEL ORTIZ, SECRETARY

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MAYRA ORTIZ

14332 S.W. 142nd. Avenue

Miami, FI 33186

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

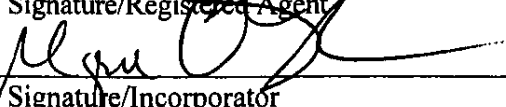
MAYRA ORTIZ

14332 S. W. 142nd. Avenue

Miami, FI 33186

\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

1/22/2008

\_\_\_\_\_  
Date

1/22/2008

\_\_\_\_\_  
Date

FILED  
2008 JAN 25 PM 4: 25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA